



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

HEALTH ALCOHOL PROGRAM

JUN -8 7

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

66-005179

LOCATION OF INSTRUMENT (STREET AND CITY)

10000 E 59th Street Raytown, MO 64133

DATE OF INSPECTION

06/01/09

TIME OF INSPECTION

0634

CHECKLIST

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 +/- .150) .343

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

☒ CHARACTER DISPLAY TEST OK

☒ PRINT TEST (PRINTOUT ATTACHED) OK

☒ TIME AND DATE TIME 06 MIN 38 MIN

☒ CALIBRATION CHECK- PASSED

Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .100

TEST 2 .101

TEST 3 .101

☒ SIMULATOR TEMPERATURE (34° +/- .2°C) 34.0c "Guth Model 10-4D, Serial #SD-2307"

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 2

0-.04 0

.05-.09 0

.10-.14 2

.15-.19 1

Over .19 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Monthly maintenance was performed as per the Missouri Department of Health and Senior Services regulations and was found to be operating within established limits.

Manufacturer: Guth Laboratories, Inc. Concentration: .10% Expires: Oct. 15, 2009 at 11:59 PM Lot: 08340

INSPECTING OFFICER

SIGNATURE

M. Ptl. Brian K. Porch

PRINT NAME

M/Ptl. Brian K. Porch

TYPE II PERMIT NUMBER/EXPIRATION DATE

820293

10-03-2010

TELEPHONE NUMBER

816-737-6020



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009 at 11:59 PM.**

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

05/01/2005
06:41

05/01/2009
06:37

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ABCDEF GHIJ KLMNOPQRSTU VWXYZ0123
ABCDEF GHIJ KLMNOPQRSTU VWXYZ0123456789
ABCDEF GHIJ KLMNOPQRSTU VWXYZ012345678910#%&'abcde
ABCDEF GHIJ KLMNOPQRSTU VWXYZ012345678910#%&'abcde
ABCDEF GHIJ KLMNOPQRSTU VWXYZ012345678910#%&'abcde
ABCDEF GHIJ KLMNOPQRSTU VWXYZ012345678910#%&'abcde

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THIS SIDE UP. THIS EDGE IN, FORM NUMBER 015010

10000 E 59 ST RAYTOWN, MO 64133
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005179
06/01/2003

DIAGNOSTIC TEST 06:35

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FROM CHECK    E735.23    PASSED
RAM CHECK     PASSED
TEMP CHECK    PASSED
PROCESSOR CHECK
  SYNC PULSE   PASSED
  SYNC SPEED   PASSED
  NEG STABILITY PASSED
  POS STABILITY PASSED
  REP RANGE    PASSED

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DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMN O PQRSTU VWXYZ
0123456789

SUBJECT'S NAME

10000 E. 57 STREET

TIME FIRST OBSERVED

INSTRUMENT LOCATION

M/At. Luanis K. Pores #61
OPERATOR

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

10000 E. 39 STREET

TIME FIRST OBSERVED

INSTRUMENT LOCATION

M/Plb. Bryant, Loren #6
OPERATOR

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

EMI

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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRIAN K PORCH

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/03/08

Number 820293

Expires 10/03/2010

MO 580-0771 (7-88)

John J Mathewson

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)